

Inspection Date

INSPECTION REPORT

(Use this form for inspections only)		Compliance No. =>	
Name and Address of Licensee/Registrant		Lic/Reg No.:	
		Site No.:	
Address of Inspection		Expiration Date:	
		Inspection Region:	
		Category Code:	
		Use Code:	
		Type of Use:	
Inspection Notice to (Name, Title, Address)		Type of Inspection	
		<input type="checkbox"/> Announced <input type="checkbox"/> Field	
		<input type="checkbox"/> Unannounced	
Copy of Inspection Notice to (Name, Title, Address)		Radiation Safety Officer	
		RSO Phone No.	
Telephone No.		Accompanying Inspector(s)	
Inspector:		Reviewed by:	
Report Date:		Date Reviewed:	

Inspection Findings: **Items of Noncompliance**

IRCAB-1
(02/16/99)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

PROGRAM AND MANAGEMENT REVIEW

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

1. Scope of Operations (numbers/types of sources, how/when used, field work)
2. General Information (persons present, where located, contact problems)
3. Radiation Safety Officer & Radiation Safety Committee (who, duties, when meet)
RSO
4. Document Posting (check, if available or posted)

- | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Texas Regulations [25 TAC §289.203(b)(1)(A)] | <input type="checkbox"/> Operating Procedures [25 TAC §289.203(b)(1)(C)] |
| <input type="checkbox"/> RAM License [25 TAC §289.203(b)(1)(B)]
Amend # | <input type="checkbox"/> Notice of violations [25 TAC §289.203(b)(1)(D)] |
| <input type="checkbox"/> Registration [25 TAC §289.203(b)(1)(B)] | <input type="checkbox"/> Notice to Employees [25 TAC §289.203(b)(3)] |

Posted Properly?	Yes <input type="checkbox"/>	(or)	Notice of availability Posted?	Yes <input type="checkbox"/>
[25 TAC §289.203(b)(4)]	No <input type="checkbox"/>		[25 TAC §289.203(b)(2)]	No <input type="checkbox"/>

5. Location of Records [25 TAC §289.201(d)] (where, who maintains, availability)

6. Inspection History

Date of last inspection _____ Number of violations reported _____

Have previous violations been properly corrected? Yes ☐ No ☐

List violations that were not corrected & licensee/registrant's explanation for non-correction:

Comments:

IRCAB-2
(02/16/99)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

TRAINING AND PERSONNEL MONITORING

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Training Program

A. Initial Training [25 TAC §289.203(c)] (who is trained, who trains, what are subjects)

B. Refresher Training

C. Records, Examinations (type exam, records -describe)

D. Management Audits (who audits, frequency, records)

1. Personnel, **TRCR 31.43(a): Quarterly audits performed.** Yes ☐ No ☐

2. Operations

3. Safety Requirement

II. ALARA and RPP [25 TAC §289.202(e)]: Yes ☐ No ☐ If yes, describe program:

III. Incidents (describe any that have occurred) [25 TAC §289.202(ww),(xx),(yy)]

A. Reports to Agency:

B. Reports to employees [25 TAC §289.202(aaa)]

Comments:

PERSONNEL MONITORING

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Personnel Monitoring Records reviewed for _____ through _____

[Radiography TRCR 31.30]

A. Is TRC Form 21-2 (history) maintained? (Required only for planned special exposures.)

Yes ☐ No ☐ [25 TAC §289.202(k)]

B. Is TRC Form 21-3 or compatible records available? [25 TAC §289.202(rr)]

Yes ☐ No ☐

Does it contain all required information?

Yes ☐ No ☐

C. Supplier: _____ Type _____ Frequency _____ Persons Mon _____

D. Observed Range: Low _____ Max _____

Whole body _____ mr _____ mr

Extremity _____ mr _____ mr

Skin _____ mr _____ mr

Pocket Dosimeters Yes ☐

No ☐

If yes, describe use and calibration
method: **[Radiography TRCR 31.30]**

TRCR 31.30(b)(8) – Badges returned within 14 days for processing. Yes ☐ No ☐

G. Do persons under 18 work in radiation areas?

Yes ☐ No ☐

If yes, describe conditions.

H. Where are control badges kept and how are they used?

I. Describe the method of providing notices (to Agency and employee) for:

1. Terminations [25 TAC §289.203(d)(3)]

2. Overexposures [25 TAC §289.203(d)(4)]

F. Overexposures:

Name	DOB	Exposure	Year	Date Reported Agency
		mr		
		mr		
		mr		
		mr		
		mr		

☐ Check if list continued elsewhere in this report

TRCR 31.30(b): Alarming ratemeter used except for permanent installations. Yes ☐ No ☐

Comments:

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(02/16/99)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

RADIATION SURVEYS

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Use Area Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.) **[Radiography: TRCR 31.44]**

II. Storage Area Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

III. Transport Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

IV. Area Wipe Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

V. Package Receipt Procedures [25 TAC §289.202(ee)] and Surveys [25 TAC §289.202(nn)] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record)

VI. Instrument Calibration [25 TAC §289.202(p)(2),(3)] **[Radiography TRCR 31.5]**

A. Method (or service company) and frequency including analytical instrument.

TRCR 31.5: Range 2mr – 1 R.

Yes ☐ No ☐

B. Instruments available:

Make	Model	Serial Number	Range	Calibration Date(s)

☐ Check here if list is continued elsewhere in the report.

TRCR 31.56: Annual survey of permanent installation for restricted & unrestricted.

Yes ☐ No ☐ N/A ☐

TRCR 31.5(d): Survey instrument checked beginning of each work shift.

Yes ☐ No ☐

TRCR 31.35(a)(1): One survey instrument per source at job site.

Yes ☐ No ☐

TRCR 31.9(b): Daily check of high radiation area controls.

Yes ☐ No ☐ N/A ☐

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(02/16/99)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

RADIATION SOURCE CONTROLS

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued)

- I. Radiation Source Inventory [lic/reg condition] (Describe method, records, frequency - perform inspector inventory and attach Agency form.) **[Radiography: TRCR 31.6] [Manufacturer, model, serial number, radionuclide, activity, location, date, and name. Three month interval.]**
- II. Inspection and Maintenance **[Radiography: TRCR 31.8] Three month interval.**
- III. Radiation Source Receipt/Transfer Records [25 TAC §289.201(d)(1)] (Describe method, records)
- IV. Radiation Source Use Records [lic/reg condition] (Describe method, records, address, out of state use - include reciprocity.) **[Radiography: TRCR 31.7]**
- V. Radiation Waste Disposal [25 TAC §289.202(ff)-(kk)] (Describe waste handling procedures, controls, records)
 - A. Internal procedures, controls, systems, records
 - B. Waste processor service - waste manifests [25 TAC §289.202(jj)]
 - C. Exemption of specific wastes [25 TAC §289.202(fff)]
- VI. Leak Tests of Sealed, Plated Radioactive Material Sources
 - A. Procedures and frequency [25 TAC §289.201(g)(1)]
 - B. Was interval exceeded? Yes ☐ No ☐
 - C. Analysis and records [25 TAC §289.201(g)(3)-(4)] (who analyzes, are units appropriate)
 - D. Leakage found?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reported? [25 TAC §289.201(g)(6)&(7)]	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

Comments:

INSPECTOR FACILITY AND EQUIPMENT INSPECTION

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Compare existing storage and use facilities to the drawings and information presented in the application(s).

II. Area Posting and Controls (Describe what/where, posting, security, controls, etc.)

- | | | | | |
|---------------------------------|--------------------------|------------------------------|-----------------------------|------------------------------|
| A. Radiation Areas | [25 TAC §289.202(aa)(1)] | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| B. High Radiation Areas | [25 TAC §289.202(aa)(2)] | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| C. Airborne Radioactivity Areas | [25 TAC §289.202(aa)(4)] | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| D. Storage Areas | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

III. Container security [25 TAC §289.202(y)] Labeling [25 TAC §289.202(cc)] (Describe security, labels used)

- A. Devices **[Radiography: TRCR 31.41]**
- B. Storage Containers (watch exemptions)
- C. Transport Containers (determine if used in transport)
- D. Sealed Sources and others:

IV. Emergency Equipment (shields, handling tools, source recovery equipment, showers, medical, decontamination equipment, barricades)

V. Source/container design criteria (do they comply?)

VI. Operations:

A. In-house:

B. Field:

Comments:

SUR
(07/28/98)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

INSPECTOR SURVEY RECORD

Licensee/Registrant Name	License/Reg No.	Inspection Date
Inspection Findings (continued):		
INSPECTOR RADIATION SURVEY RESULTS		
Instrument Mfg.: _____ Serial No.: _____ Calibration Date: _____		
Survey of: _____		
Surveyor: _____		
Sketch and Survey Results (show sources, location, posting, security, and other controls):		

TEXAS DEPARTMENT OF HEALTH
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CERTIFIED CABINET X-RAY

Registrant Name	Registration No.	Inspection Date
Manufacturer:	Model:	Serial Number:

A. Records

1. Training - Procedures & Instructions? [TRCR 31.45(c)(1)] Yes ☐ No ☐
2. Interlock test records maintained? [TRCR 31.45(c)(2)] Yes ☐ No ☐
3. Control panel labeled? [25 TAC §289.202(cc)(3)] Yes ☐ No ☐

B. Annual Evaluation – 21 CFR 1020.40 [TRCR 31.45(c)(3)]
(Registrant may or may not be tied to 31.45(c)(3))

1. Emission limit less than 0.5 mr/hr? Yes ☐ No ☐
2. Permanent floor? Yes ☐ No ☐
3. Not possible to insert body through port? N/A ☐ Yes ☐ No ☐
4. Two interlocks on door?
 - a. Bayonet type, disconnect high voltage? Yes ☐ No ☐
 - b. Cam/microswitch, series with high voltage? Yes ☐ No ☐
5. Panel interlock, one of any type? N/A ☐ Yes ☐ No ☐
6. No ground faults? Yes ☐ No ☐
7. Controls
 - a. Not possible to operate without key? Yes ☐ No ☐
 - b. Control other than main power or interlock? Yes ☐ No ☐
8. Indicators
 - a. Two independent indicators? Yes ☐ No ☐
 - b. On only when x-ray on? Yes ☐ No ☐
 - c. Only one is ammeter? Yes ☐ No ☐
 - d. Other labeled "x-ray on"? Yes ☐ No ☐
 - e. Visible at all access points? Yes ☐ No ☐
9. Warning labels
 - a. Control panel? Yes ☐ No ☐
 - b. Ports? N/A ☐ Yes ☐ No ☐
10. Operating instructions available? Yes ☐ No ☐

C. Survey & interlock check by inspector using survey instrument:

Manufacturer Model: Serial Number: Calibrated:

1. Survey of cabinet _____ mr/hr.
2. Interlock check satisfactory? Yes ☐ No ☐